MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY 5. COUNTY hours after Worce 4 tex MARYI AND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ife d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 246 event, within NO R YES executed within NAME OF First Middie DATE Month Last Day DECEASED comple 19 66 (Type or print) 50 DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED 9. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Myocardial Infarction IMMEDIATE CAUSE (a) signed DUE TO Cardiovascular Disease Conditions, If any, which mos gave rise to immediate the DUE TO cause (a), stating the prior t underlying cause last. (c) as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO F YES T 0 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | (County) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work DIRECTOR: A age 3 should lied with the 21. I certify that (I) this hospital attended the deceased from and that death occurred at 66 saw the deceased alive on M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERA director, should be NAME (Type) Box 126, Berlin, Md. BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) EMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 20M 1/65

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NER. This certificate should be executed within 24 hours after death. If ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with form	3 should be agent, prior t		MEDICAL	20c. TIME OF I		, Day, Yeer	20d. I While		Oe. PLAI	CE OF INJURY (Home, try, street, office bldg.,	farm, 20f. etc.)	(City or town)	(County	y) (State)
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EXAMI e certi hould t	CTOR: Page designated							rains described abo			Inspectio	-	uiry	and in my opinion
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 09173 requires that the death certificate be executed within 24 haurs after death death sician and completely filled in by the funeral please remave carban papers. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY MARYLAND event, within 72 haurs after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If optside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Broad St. NO P YES NAME OF Middle 4. DATE Lost Month Doy Yeor First DECEASED DEATH 19 (Type or print) IF UNDER 1 YEAR S. SEX AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** birthdoy) Months Dovs Hours X WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) NDUSTRY GD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address permit/ (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending age s should be detached far use as the filed with the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO YES 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 5 , 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 1966, and that death accurred at 44 M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. PHYS 22d.-ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 Item #ld Film #G CERTIFICATE OF DEATH Heath. The low requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remove carbon papers. Pages 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY b. COUNTY DRCESTER MARYLAND in 72 hours after b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS William St. at the Power Plant YES NO Y NAME OF Middle 4. DATE Month Year offending physicion was carbon please remove carbon First Lost Doy and in any event, wit DECEASED UNG RUSTON 19 (Type or print) DEATH AGE (In years lost birthdoy) IF UNDER 1 YEAR SEX DATE IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** Doys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT The USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY E 13. FATHER'S NAME or removal, ANIC 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes pive war or dotes of service) buriol, cremotian, INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) the buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O FUNERAL DIRECTOR: After this certificate hos been signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retained by the hospitol or offending physician. DUF TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse for use as the prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health YES NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Dc. TIME OF INJURY Month, Dov. Yeor foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work ot work should be , 1965, to 21. I certify that (1) (this hospital) attended the deceased fram\_ Och 12. kine 2 19 66, and that death accurred at M, from causes and on the date stated above. saw the deceased alive and 22b. DATE SIGNED 220. SIGNATURE ATTENDING June 13 M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S Jack C. Lewis Selbyville, Delwware NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d\_ LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) = DLIN VEIAL 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR occurren VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Worcester orcester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Berlin Berlin = etely filled in rbon papers. , within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 NO be RED YES completely to NAME OF First Middle Last 4. DATE Month Day Year DECEASED event, 19 66 Maggie Selina Henry June 24. (Type or print) DEATH 5. SEX 6. COLOR DR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HR\$ and con 7. MARRIED NEVER MARRIED DATE OF BIRTH 6 last birthday) Months Hours any Negro WIDOWED [ DIVDRCED 10a. USUAL OCCUPATION (Give kind of work done | = 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT sician ease r 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Laborer Berlin. 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending Isaac Henry Link Morris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attend ö (Yes, no, or unkown) (If yes give war or dates of service) 222-03-9099 Dorothy Robbins, Daughter, Berlin, Md cremation, INTERVAL BETWEEN ONSET AND DEATH 2 days CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] igned by rial-transil PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis with left hemiparesis by the hospital or attending physician. been sight the burial transfer of the burial, r Hypertensive Cardio-vascular Disease 3 mos Conditions, If any, which gave rise to immediate DUE TO cause (a), stating as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES NO PK 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work OR ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the M, from the causes and on the date stated above. saw the deceased alive on. 6/ and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Page 4 may b M.D. fil FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Sully. Box 126. Jr Berlin. Md NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 9 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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FOR STATE		09176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (19	168
HEALTH DEPT		PLACE OF DEATH a. COUNTY WORESTER MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Resider a. STATE 1.29 N/A  b. PONT IN	ce William
cath. If any delay is agges 1, 2, and 3 to lith form PM3. Page State Department of 2 hours after death	C	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  C. LENGTH OF STAY IN 1b  C. GTOR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  C. ANAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  d. STREET ADDRESS	S 83 3
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after death. I 8. Give Pages along with for with the State	S.	DECEASED (Type or print) JOHN CAMERON MACLONAL OF DEATH JONE  SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER Married) Months	1966 1 YEAR IF UNDER 24 HRS Doys Haurs Min.
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	13.	FATHER'S NAME  AMES O MAC POWALD Sabel Gedd	ē.
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no prynknown) (If yes give war or dates of service) 228-62-9817 VES FUNERAL HOME HAL	
		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
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s, writing the forwarded to used as o but burial, crement		last. (c)	Lio Mass All Topicy
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EXAMINER: ute the certions oge 4 should your files. Page 3 should address of a gent, pri	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a.m.  p.m.  19  20d. INJURY OCCURRED While at wark a	unty) (State)
lebral Examples of the control of th		21. I certify that I took charge of the remains described obove, held on Autopsy Inspection Inquiry , death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined monner	and in my opinion
ts Det d		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER D	NE 24,66.
o DEPUTY necessary, the funerol 5 may be 0 FUNERAL Health or i		EXAMINER'S NAME (Type) F TOWNSEN & JR. Address (Street, city, town, or county) Ocay C	oty Md
TO DI nece the 1 5 mc TO FU	230	BREMOVALISPECTY) 6/29/66 GOLUMBIAGAEDENS ARLINGTONE	(County)' (State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) . PLACE OF DEATH o. COUNTY delay is and 3 to WORCESTER jo, partment b. CITY OR TOWN (If autside corporate limits, c. LENGTH DE STAY IN 1b c. CITY DR TDWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 DAY ELKTON OCEAN d. STREET ADDRESS d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street oddress) the State Der ON A FARM? Give Poges 1, Office along with form NORTH NO 00 after death. 4. DATE 3 NAME OF DECEASED SHERMAN JUNE MARCUS 1966 DEATH (Type or print) with the IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) m WIDOWED 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done CDUNTRY? 13 FATHER'S NAME be executed within \_ File puo 16. SOCIAL SECURITY NO. 17. INFORMANT permit. ugknown) (If yes give war or dotes af service removol. 11LL/AN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH buriol-transit PART I. DEATH WAS CAUSED BY: MULTIPLE 0 IMMEDIATE CAUSE (o) should cremation. DUE TO FROM AUTO IMPACT Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X ogent, prior to 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS plnods PRIMARY FOR CONTRIBUTING STEPPED FRONT CAUSE OF DEATH 20f. (City or town) (County) (Stote) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor OCEAN CITY WURCESTER MC moy be retoined for your FUNERAL DIRECTOR: Poge ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X and in my apinian Accident X . Suicide Undetermined manner death resulted fram: Natural causes Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Clearn City Mid **EXAMINER'S** Heolth Roberts NAME (Type) Thomas 23d. LOCATION (City or Town) (County) (Stote) 0 ENCETORY 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ocharles VR A15ME (5)

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death event, within 72 hours after death physician and campletely filled in by the funeral en please remove carban papers. Pages 1 and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn) 5RUIN WEEKS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Berlin Nursing Home YES NO 3. NAME OF First Middle Last DATE Manth Day Year DECEASED RSONS UNG 1966 (Type or print) DEATH S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED last birthday) Manths Davs Haurs n any WIDOWED TE DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane during mas for warking life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY ? attending physician or armit. Then please INDUSTRY 14. JAQTHER'S MAIDEN NAM 13. FATHER'S NAME ar remava SAAC RSONS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address burial-transit permit. (Yes, na, acurknawn) (If yes give war or dates of service crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUF TO burial, Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been priar to use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health NO YES ā OR ATTENDING PHYSICIAN 20a. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for te Dept. of h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Hame, farm, (State) (City ar tawn) (County) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice blda., etc.) Haur a.m. Nat While 19 at work pe 21. I certify that (1) (this haspital) attended the deceased fram May 10, 1966, to 5-, 1966, that (I) (we) last directar, page 3 shauld shauld be filed with the M. Fram causes and an the date stated above. 19 66, and that deoth occurred at sow the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d\_ LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 51 OHNS WIELLVILLE 2 2Sa. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966

MARYLAND STATE DEPARTMENT OF HEALTH

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n 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	09173 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19171
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ny d 2, an 3. 72 1	OF CTYPE OF PRINT) Ronald Clifton Savage DEATH June 6 1966
E-12 48	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS. last birthday) Months   Days   Hours   Min.
ages for to twit will	Male   White   WIDOWED   DIVORCED   June 24,1946   19 yrs.
r de ve P with	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR life, even if retired)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
urs after death. If n 18. Give Pages 1 e along with form pages 1 and 2 with in any event with	DuPont Employee   DuPont Employee   Maryland   USA   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME
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24 ho office office and	ELTON Savage  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, ng. or unkown) (If yes give war or dates of service)
AL EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form rilles.  CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in any event within	216-44-8181 Father - Elton Savage - BISHOPUILLE, MD.
with pend nine perm remo	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Internal injuries, pelvic Internal pretty
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for for age	Dour a.m. O OO While Not While action, street, office black, etc., Rural Wor.
Page ated	21. I certify that I took charge of the remains described above, held an Autopsy
EXA Example ce shoul files.	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
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xecute the Page 4 for your or its d	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (1) 6/6/66
or. led feed feed feed feed feed feed feed	EXAMINER'S Clifford E. Schott, M.D. Address (Street, city, town, or county) Berlin, Md.
O DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files.  O FUNERAL DIRECTOR: Page of Health or its designated	23a. BYBIAL CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State)
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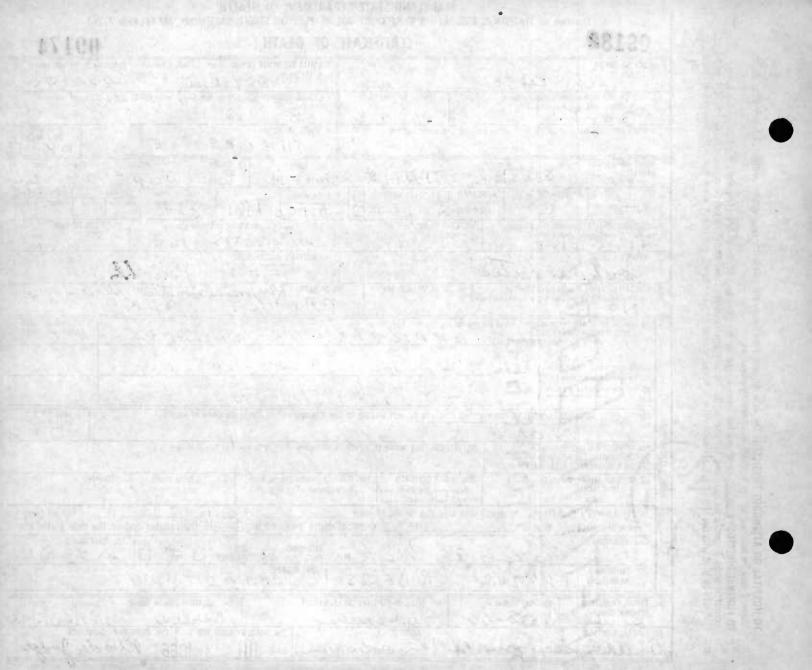
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE DE DEATH a. COUNTY countycomico Maryland after Worcester the MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) by hours hours Bishop Berlin davs .= papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS within 72 ON A FARM? RFD Berlin Nursing Home YES A NO completely ve carbon p Year NAME DE First Middle Last DATE Month Day 4. DECFASED event, Selby 1966 DEATH June 19 (Type or print) Sampaon executed IF UNDER 24 HRS 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Months I Devs Hours 1 and 1880 Male White WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? certificate be Ret i red USA Own Farm Marvla nd Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending primit. They Sampson Selby Mary Ann Bunting 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. Address ed by the attend transit permit. , cremation, or r (Yes, no, or unknwn) (If yes give war or dates of service) The law requires that the death 216-28-5 Bishop. Md. HarryJ. Selby XX XX INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] signed by the purial-transit purial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) 2. well DHF TD been significant the buris Conditions, If any, which (b) gave rise to immediate DUE TO this certificate has bee detached for use as the e Dept. of Health prior to (a), stating underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, (County) 20d. INJURY OCCURRED 20f. (City or town) TIME OF INJURY Month, Day, Year DIRECTOR: After the sage 3 should be det filed with the State D factory, street, office bldg., etc.) Hour a.m. While Not While et work be retained by at work ATTENDING 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 11:2 -. 1966 to\_ .1966, and that death occurred at 120 M, from the causes and on the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING PHYS. DIRECTOR PHYS. M.D. 4 may FUNERAL 22d. **ADDRESS** PHYSICIAN'S director, postpould be f NAME (Type) 23d. LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF Bishopville 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR 1966 VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 18 FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Worcester Maryland Worcester MARYLAND elay is necessary, d 3 to the funeral Page 5 may be Department after death. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b minutes Rural-Pocomoke City Rural-Pocomoke City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State R.F.D. YES X R.F.D. NO L PM3. P Day Year First Middle Last 4. DATE Month NAME OF DECEASED SHOBE, 19 66 BROOKS DEATH (Type or print) MARION June after death. If a 8. Give Pages 1, 2 ong with form F 2 with AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. DATE OF BIRTH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White Sept. 72 DIVORCED WIDOWED 1 and event 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. West Virginia Schoolboy --any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours Item I = Marion Brooks Shobe Virginia Marie Simons Office and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address should be executed within 24 word "pending" in pencil in 14 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) | (If yes give war or dates of service) word "pending" in pencil in Chief Medical Examiner's 0 permit. I removal, Brooks Shobe, Pocomoke City, No None INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating cause Ø used as a to burial, underlying cause last. (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? EXAMINER: This certificate certificate, writing the vould be forwarded to the NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 0 Pid CAUSE OF DEATH. shoul 3 shou 20f. (City or town) (County) (Stete) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While at work at work P designate 21. I certify that'l took charge of the remains described above, held an Autopsy Inspection and in my opinion Pa the cert should DIRECTOR: Undetermined manner Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER your execute r. Page 4 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER FUNERAL Health director. retained LaMar, M.D., 104 Bay Streethyes Street, Hi, Idwn, Midwh Midwhore. Robert ease NAME OF CEMETERY ON BREMATORYX 23d. LOCATION (City, town or county) (State) DATE THEREOF 23c. BURIAL, CREMATION, 50 6-16-1966 Pocomoke City 0 Baptist Maryland First **ADDRESS** Pocomoke City, Md. DATE 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09182 CERTIFICATE OF DEATH be executed within 24 hours after death and campletely filled in by the funeral e-remove carban papers. Pages 1 and : in any event. within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Worcester MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) av 1 200 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS MAPREAVE YES NO Middle please remove carban 3. NAME OF DATE Last Doy Year DECEASED OF DEATH SUSIAN SMITH TANIE 5 19 6 6 (Type or print) 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs 5 Feb and in any X WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY Worcester OR ATTENDING PHYSICIAN: The law requires that the death certificate HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit ONSET AND DEATH 10 VASCULAR IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician. DUE TO FICIENCY NS47 Conditions, if ony, which gove rise to immediate couse (o), DUE TO far use as the b f Health priar to b stoting the underlying couse FNSLUN last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While ot work ot work 21. I certify that (1) (this hospital) attended the deceased fram 19\_\_\_, that (I) (we) last and that death occurred at 2 AM, from couses and on the date stoted abave. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 54 M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S OCEAN NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) meero della 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Marlen DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY DORCEESTER se remove corbon papers. Poges 1 din any event, within 72 hours after requires that the death certificate be executed within 24 hours after filled in by the Poges b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn ERLIN. RA IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) BERLIN YES X NO 3. NAME OF Lost Day Year DECEASED OF DEATH TURNE12 JUNE NNA 19 (Type ar print) 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED last birthday) Manths Days WIDOWED pup 11. BIRTHPLACE (Caunty & Stote, or foreign cauntry) 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast af working life, even if retired) INDUSTRY the ottending physician sit permit. They please WORCERSTER HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ELIZNBETH ANIEL burial, cremation, or remp 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates of service) 217-30. 7607 ERIVIAN TURNEIZ 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL 8ETWEEN burial-tronsit ONSET AND DEATH HEART CONCESTIVE Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Conditions, if ony, which gave 1REMIA rise to immediate couse (o), DUE TO stating the underlying cause director, page 3 should be detached far use os the should be filed with the State Dept. of Heolth prior to PYELONEPHRITIS lost. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice blda., etc.) Haur o.m. Nat While at wark 21. I certify that (1) (this haspital) ottended the deceased from 3 June 1966, to 6 June, 1966, that (1) (we) last saw the deceased alive an 6 JUNE 19 66, and that death occurred at 6 P M, from causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Thomas J. Roberts 1001 Philadel phia Ave-Ocean City 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 23a BORIAL, CREMATION, (County) REMOVAL (Specify) BEARING! Y GREACEN 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (41)

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	16	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	ID.
	M	1	0\$184 CERTIFICATE OF DEATH	
eath	funeral and death		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a COUNTY b. COUNTY	ore admission)
after death	e fu 1 a		a. COUNTY  Worcester  Maryland  b. COUNTY  Wicomico	./
aff	y th ages s aff		b. CITY OR TOWN (If outside corporate limits, write RURAL and give no write RURAL and give nearest town)  c. LENGTH DF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give no corporate limits.	
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24 h	lled pers 72	2	D a . 7 d	RESIDENCE N A FARM?
	ly fi	=	Berlin Nursing Home RFD YES  3. NAME OF First Middle Last 14. DATE Month Day	Year
executed within	gned by the attending physician and completely filled in by the fall-transit permit. Then please temove carbon papers. Pages 1 ial, cremation, or removal, and in any event, within 72 hours after		DEC EASED OF	19
Pe	c cz	-	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER   YEAR   IFU	NDER 24 HRS.
ecul	De la		Male White WIDOWED DIVORCED Sept. 13. 1884 81 yrs.	ours Min.
	- Z-=		10a. USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS OR during most of working life, even if retired)   10b. KIND DF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF V COUNTRY?	TAHV
٥	sick leas and		Farmer (Retired) Own Farm Maryland Usa	
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ertii	ding	1	George Twilley Sara Must	
£	or attending physician.  Cate has been signed by the attending physician r use as the burial-transit permit. Then please- ealth prior to burial, cremation, or removal, and is		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service)	
100	ne a peri	=	1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]	I RETWEEN
9	by the nsit ema			L BETWEEN
100	ding physician. been signed by the burial-transi		6 42 V	mry.
2	physical signature of the physical physical physical controls.		Conditions, If any, which DUE TO artinosclerary	
i	ding property the born to be		gave rise to immediate cause (a), stating the DUE TO	
3	ttendii nas b as th prior		underlying cause last. (c) the Nephrus	A AUTODOV
<u></u>	or att		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PE	AS AUTOPSY REFORMED?
	tal or at tificate h for use f Health	0	YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	NO
PHYSICIAN.	the hospital or attention this certificate has detached for use as to Dept. of Health prior		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PE  YES  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
X				(State)
0	ter t tate		20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED Hour a.m.    While   Not While   at work   at wo	
ATTENDING	be retained by INECTOR: After a should be ed with the State		21. I certify that (I) (this hospital) attended the deceased from May 21., 1966, to 6-1-, 1966, that	(I) (we) last
	TOR Show th th		saw the deceased alive on 6-1- 1966, and that death occurred at 136/M, from the causes and on the date si	tated above.
4	REC d wi		22a. SIGNATURE  Chas R. Law M.D. ATTENDING MED. STAFF   22b. DATE SIGNE  M.D. PHYS. DIRECTOR   PHYS.   C-4-(	166
	nay be nay be page filed			766
HOSPITAL	VERAL D	1	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  Beslin Med	
2	Page 4 may be retained by the h To FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep		23a. BURIAL CREMATION J 23b. DATE THEREDE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)	(State)
5	2 2 3		BREMOVAL (Specify)  24. FUNERAL DIRECTOR  ADDRESS  1 25a. REC'D BY REGISTRAR'S SIGNATURE  25b. RECISTRAR'S SIGNATURE  ADDRESS	In F
		)	24. FURERAL DIRECTOR 250. REGISTRAR' 250. REGISTRAR'S SIGNATU	RE CL
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 irs after Worcester Somerset MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) filled in by tapers. Page Pocomoke City Crisfield 3 weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 tely fill right paper within 7 24 Somerset Ave. Lawsonia Rd. NO X YES executed within 3. NAME OF First Middle Last DATE Month Day Year DECEASED comple event WALSTON. (Type or print) WALTER W. DEATH 19 66 June 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH last birthday) Months I Days Hours Bus Male White 1886 WIDOWED | DIVORCED Jan. 4. physician a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Crisfield. Md. Seafood Waterman USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova Charles Walston Elizabeth E. Tvler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Lillie Walston, Same as 2. abcd No cremation, None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN I-transit law requires that the ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a mun signed Jing the burial, control of the burial, contr DUE TO Cenditions. If any, which zonar gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? certificate YES NO Z the hospital 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) of Item 18.) detached for Dept. of I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING retained by at work at work p.m. should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR age 3 shouled with t 6, and that death occurred at 11.5 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe director, page should be filed ATTENDING MED. M.D. DIRECTOR PHYS. 4 may FUNERAL HOSPITAL PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Main St., A. N. Barr. M. D. Crisfield. Md. (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Crisfield, Md. St. Peter's Cemetery Burial June 26. 1966 ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Md. VR A.15 (4) 20M 1/65

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1	Items 208 F21 F179 63886 7/ MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE	09186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	19178
HEALTH DEPT.	1. PLACE OF OEATH  o. COUNTY  O. STATE  O. STA	e before odmission)  RIVE  GEORGE
delay is PM3. Page PM3. Page after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CLENN CITY  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give EAST RIVER DALE	
form PM3. Pa ate Deportment hours after deat	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  6617 Powhatam ST	e. IS RESIDENCE ON A FARM? YES NO
72 St. 150	3. NAME OF First Middle Lost 4. DATE Month	Doy Year 20 19 66
	S. SEX 6. COLOR OR CACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	- 1/
thours them I Office I and 2	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITI COU	ZEN OF WHAT INTRY? U.S.A.
within 24 pencil in cominer's ile pages nd in any	13. FATHER'S NAME  TOHN WILLIAM YOUNGMAN EIIZABETH BLACK	
-p.E W W 0	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address	
ate should be executed the word "pending" is to the Chief Medical o burial-transit permit.	18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).)  DADT 1 OFATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND OBATH
should be e ne word "per o the Chief I burial-tronsit matian, or re	929, 8  Conditions, if ony, which gove )  (b)	
This certificate should icote, writing the word be forworded to the Child be used os a burial-trought of the burial, crematian,	rise to immediate couse (a), Stating the underlying couse DUE TO	
certifica , writing orworde used os buriol, c	PART II OTHER SIGNIFICANT CONDITIONS CONTRIRIITING TO DEATH RUIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
MINER: This the certificate, 4 should be four files. e 3 should be to gent, prior to gent, prior to	206. EXTERNAL CAUSE WAS PRIMARY Gor CONTRIBUTING CAUSE OF DEATH.  206. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Swimming at beach - caught on sand bar, unable	YES NO
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour om Hour om Mills New While Process of Fice hide etc.)	
AL EXALL EX	21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinion
Missississississississississississississ	death resulted fram: Natural couses , Accident , Suicide , Hamicide , Undetermined manner	
DEPUTY MA. AL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health or its designated age	SIGNATURE  ROMAN ROBERTS  ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  Address (Street sity town or county)  Address (Street sity town or county)	22. DATE SIGNEO 6 - 21 - 64
TO DEPUTY necessary, p the funeral 5 may be r TO FUNERAL Heolth or it	NAME (Type)	County) (Stote)
5 = 2 O =	REMOVAL (Specify)  Burial 6/25/66 Ft Lincoln Colmar Manor  24. FUNERAL DIRECTOR ADDRESS 250. REC'O BY REGISTRAR 256. REGISTRAR 3 SIG	P.G. Md.
VR A15ME (5)	Francis Gasch's Sons Hyattsville, Md. DAIEJUN 27 1966 Achard	es Judge

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